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BOOK REVIEW

Breathtaking: Asthma Care in a Time of Climate Change. *Alison Kenner*,
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Breathtaking, Alison Kenner's ethnography of asthmatic attunement and care, begins in scenes of seizing breath, drawn together in the near miss of two storms. In a meticulously cleaned Philadelphia apartment, the ethnographer listens to Jess breathing through a nighttime asthma attack, forcing body through a "self-designed breathing ritual" (p. 2), and tuning into and against the microclimate of his domestic space. Dust, mold, and the dry leaves of outside autumn conspire to reveal his asthmatic body in a medical and meteorological event. In a second moment, Kenner details an instance of "thunderstorm asthma," a flash asthmatic event in which extreme weather substantiates as a ripple through environments and bodies. In a thunderstorm and its sudden changes in humidity, pressure, and pollen counts, the asthmatic population is a body in rain, a body given idiosyncratic form as a distribution of breathabilities. Climate change, in Kenner's telling, is a process of

asthmatic intensification, where, in modes of breathing and weather at disparate scales, bodies and environments come together as what can be figured as meteorological bodies.

Breathtaking is at once an excellent primer on asthma and an important resource in the study of environmental illnesses more broadly. It is a timely contribution to medical anthropology and science and technology studies, where it advances questions of the politics of care, biomedicalization, and pharmaceuticalization, and raises questions about medical data and biosociality. It also exemplifies an important disciplinary shift in the re-conception of bodily and environmental relation in various scenes of environmental change, from the domestic to the situated planetary. In this review, I center my attention to the book as an ethnography of medical and environmental entanglement. Kenner tracks asthma not as a single disease lodged in singular bodies—a conception of respiratory containment already eroding in medical sciences that recommend abandonment of the word 'asthma' altogether. Rather, she attends to the medical, political, and environmental multiplicities that coalesce in disordered breathing, condensing ethnographically on varied practices and infrastructures of

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care. Care, for Kenner, exceeds an ethical exhortation to consider the fact and texture of relation. More than this, it is an ethnographic and conceptual incision into the dynamics of contemporary and future breathing in various processes of climate change, “from the home as a site where individuals enact care to the public atmospheres that we collectively breathe” (p. 21), now and in the future.

Kenner posits asthma care not as a singular practice but an “open system” that takes shape only in specific contexts and in the rush of divergent histories. In *Breathtaking*, she draws together disparate phenomena in the uneven landscape of asthma. Kenner stresses that “[i]f asthma is heterogeneous and multiple in its symptoms, temporality and environmental and behavioral triggers, then asthmatics’ experiences, perceptions, and responses to their disease are equally multiple and varied” (p. 52). Care shifts from an ethical stance on the part of the anthropologist to an analytic frame for holding together divergent practices and histories that coalesce around multiple articulations of body and environment. Not all of the forms of care that Kenner details yearn for a collective or structural transformation of the conditions for a disease that, for its environmental and biomedical complexity, is puzzlingly both individual and collective. For instance, Kenner explores asthma mobile apps that alternatively individualize or collectivize self-reported medical information; the transnational flow and impasses of patented breathing techniques; and the vicissitudes of medical practitioners’ professional organizations. But she also approaches the community and municipal carescapes (Chapter 6) for

addressing asthma as a fallout of coming climate change in Philadelphia. Each of these is an instantiation of a broadening analytic of care.

These practices and arrangements of asthmatic care—for breathing, for buildings and Earth, for data, for friends, lovers, and neighbors—enact different conceptions of relation, health, environment, and disease. Taken together, the diversity of what constitutes asthma care in Kenner’s ethnography allows the text itself to enact the various multiplicities that compose a disease that is also multiple. In this, *Breathtaking* captures in its analytical form the practical and experimental ways that asthma sufferers and researchers move the disease and its care away from singular “triggers to a broader language of environments and atmospheres” (p. 162). These atmospheres are broadly meteorological, in that they attune to how airs substantiate (Choy 2011, Chapter 6) across climatic, political, and social spaces already conditioned by longer historical and environmental processes.

Asthmatic attunement “involves the way in which a breather experiences the world through environmental qualities” (p. 16). The asthmatic attunements that Kenner describes can fold in climate change as a sensory and affective factor. But they are capacious enough to also include negligent landlords and poorly maintained housing stock with its various racialized and classed entailments; pollution and ozone associated with gentrification and urban heat islands; and, in an irony of care, even the practices of environmental control through which asthma sufferers try to make more breathable spaces, like

meticulous dusting or opening and closing windows. They all appear as part of the constitution and transformation of meteorological bodies that expand over any distinction between internal lung and external environment.

One of the most important contributions of the book, then, is to model a mode of ethnographic inquiry that begins with the irreducible multiplicity of its biomedical quasi-object as an analytical incitement rather than taking the incommensurability of asthma's many dimensions as a problem to be finally resolved. Kenner demonstrates with clear, careful, and compassionate argumentation that asthma, a disease that resides both in idiosyncratic bodily conditions and in changing climates at many scales, also demands clear, careful, and compassionate reimaginings of the scope of the bodies that matter for anthropological inquiry. Breathing and its disorder both hold together and distribute experiences. Students in my undergraduate seminar, "Anthropologies of Weather and Exposure," were moved by the book into a sharing session of their own asthmatic attunements, with stories of byzantine insurance protocols and the ballooning costs of inhalers and powders. Those without asthma became uncomfortably aware of their own breathing, an asthmatic attunement drawn to the fore without asthma as such. And in that moment, we were vicarious bodies in the scene of Jess's ritual of breath and Kenner, his non-asthmatic ethnographic listener: an island of fraught care in a storm that has been gathering for a long time.

Reference Cited

Choy, T. K. 2011. *Ecologies of Comparison: An Ethnography of Endangerment in Hong Kong*. Durham: Duke University Press.